

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Ch</i>	<i>67814</i>	<i>8/6/00</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>8-11-00</i>
FORMALITY REVIEW	<i>H.S</i>	<i>JC866</i>	<i>09-26-00</i>
RESPONSE FORMALITY REVIEW	<i>Hj</i>	<i>40362</i>	<i>2-21-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
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45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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